


# Applied Behavioral Analysis for Children with Autism Spectrum Disorder

## Provider Frequently Asked Questions

Effective February 1, 2022, Applied Behavioral Analysis (ABA) therapy is now a benefit of the Texas Health Steps - Comprehensive Care Program (THSteps-CCP) for Medicaid members who are 20 years of age or younger, and who meet criteria outlined in the Texas Medicaid Autism Services Policy. Blue Cross and Blue Shield of Texas (BCBSTX) contracts with a network of ABA providers to offer ABA therapy as a covered benefit through Texas Medicaid.



ABA can help children with Autism Spectrum Disorder (ASD) develop improved function with their peers and care givers. To qualify for ABA, there is a process of evaluation and testing. Read on for more information about the ABA therapy benefit.

[Texas Medicaid Healthcare Partnership \(TMHP\)](#)  Effective 2/1/22: TMHP is the vendor for publishing notifications and the Texas Medicaid Provider Procedures Manual (TMPPM). This website is where all communications will be occurring.

### **What is ABA?**

ABA is a type of therapy and parent education for behaviors that can be associated with ASD. Children with ASD often have trouble knowing how to express their needs. They can also repeat certain behaviors over and over. These repeated behaviors can include hand flapping or lining up objects. Some of these behaviors can make life function harder for children with ASD. Life function is a child's ability to interact with peers and care givers. ABA can help improve life function skills and overall quality of life for children with ASD. ABA can help reduce behaviors that make life function harder for children with ASD. ABA can also help improve behaviors that help their life function. ABA does not work for all children with ASD. ABA can work better for some children with ASD than others. If your child has ASD, your child's care team can help see if ABA would be right for them.

### **In what section of the TMPPM is the Autism services policy language located?**

Effective 2/1/2022, Autism services will be in the Children's Services Handbook of the TMPPM. Providers can access the PDF version of the [Texas Medicaid Provider Procedures Manual, Children's Services Handbook](#)  or the manual on the TMHP website [section 2.3 Autism Services](#). 

### **Where can I find information about ABA service providers?**

Information can be found in the ABA provider requirement section of the policy language. ABA providers are Licensed Behavior Analysts (LBA's), Licensed assistant Behavior Analysts (LaBA's), and Behavior Technicians (BT's). Please note the LaBA's and BT's main role with Medicaid are as providers of ABA services acting as rendering providers under the supervising LBA.

### **Is a Board-Certified Behavior Analyst (BCBA) the same as LBA's and how do they fit into providing therapy?**

In Texas, an LBA is licensed by the Texas Department of Licensing and Regulation (TDLR) for ABA. Providers must meet the educational requirements for a BCBA or Board-Certified Behavior Analyst Doctorate (BCBA-D) to apply for licensing as an LBA. The LBA provider must be a BCBA or BCBA-D. LBA's are the

only providers of ABA services who can enroll in Medicaid for reimbursement. In the policy language, the term LBA is used. For more information on certification, visit the Behavior Analyst Certification Board website.

**What are the roles and responsibilities of an LBA as a direct supervisor?**

LBA's are ultimately responsible for the delivery of ABA care including the treatment plan. Direct supervision must be provided in accordance with the Texas State Licensure and the Behavior Analyst Certification Board (BACB). LBA's must ensure that the quality of the ABA services provided by LaBA's and BT's meets the minimum standards of the certifying bodies rules and regulations of Texas Medicaid requirements.

**For services to be reimbursed, does the LBA have to be in the room the entire time with the LaBA or BT providing services?**

No, per procedure code 97153. Concurrent billing will not be authorized. Direct supervision of the LaBA or BT is required when billing under code 97155.

**Are there any additional requirements when submitting a claim?**

Yes, the attendance form from the interdisciplinary provider must be attached with the claim to receive payment.

**What are the requirements for supervision and indirect supervision?**

Only LBA's may provide supervision under telehealth (97155). Indirect supervision activities are not reimbursable.

**How does the BT or LaBA document services rendered?**

The treatment notes section states that a summary of ABA covered services attempted during the session is to include the activities or interventions delivered during the session and time allotted for them. This should include direct observation measures that include data during every treatment session to allow the LBA to graph data across time for analysis. All attendants, including parents and rendering providers, must sign each entry with arrival and departure times with a full signature and credentials and include additional supervisory signatures in accordance with state licensure.

**Can LBA's maintain a waitlist?**

This is not addressed by medical policies. The member may choose to wait for an opening or go to another provider. The provider or MCO should take steps to help members identify options for accessing medically necessary services in a timely manner.

**What is the role of the PA, MD, NP in the diagnostic process of an interdisciplinary approach?**

The physician can use information gathered from the assessments, and from other specialized providers for addressing the required diagnostic criteria listed in policy language. The Medicaid enrolled PA or NP can review comprehensive diagnostic evaluations from non-Medicaid enrolled diagnosing providers to prescribe ABA services and sign requests for prior authorization.

**What if parents/caregivers cannot comply with the 85% expected attendance rate?**

ABA services will not be denied solely based on the lack of parent/caretaker involvement. Participation is expected. Future authorization will take into account parent/caretaker involvement and ability to reinforce behavior changes over time and across settings. Exceptions may be considered on a case-by-case basis. Parent hours are logged based on their respective sessions of parent training hours, not the child's overall ABA treatment hours.

**Is there a template for the attendance log?**

No. Log format is up to the clinician's choice as long as all required information is included, i.e.: percentage of scheduled sessions successfully completed for the child and caretaker.

**Will electronic visit verification (EVV) satisfy the attendance log requirement?**

No, EVV information regarding ABA service is not currently available, so will not satisfy attendance log.

**Can you clarify why LaBA or BT cannot enroll or bill in Medicaid but are listed and considered an ABA provider?**

Only an LBA may enroll in Medicaid but can supervise and delegate services as appropriate to LaBA or BT under supervision. LBA is responsible for submitting billing with appropriate codes and modifiers.

**What if the treatment plan submitted hasn't been signed?**

Document requirements according to policy language and include signatures from LBA and parent/caretaker.

**How is measurable defined, what tests are included?**

Functional goals must be specific to the child or youth, objectively measurable in a specific time frame, attainable in specific relation to the child or youth diagnosis and development status, both important and relative to the child, and objectively related to ASD diagnosis. ABA providers are expected to maintain data on ABA progress standards. Validated assessments that objectively assess abilities and adaptive functioning should be included.

**Can an ABA provider bill or perform psychotherapy, occupational therapy, or speech therapy services?**

No, refer to scopes of practice. ABA addresses the behaviors associated with core symptoms of ASD that impact attainment of individualized goals. It is out of scope for the ABA provider to attempt to remediate underlying or associated medical conditions that may impact progress toward individualized goals.

**Can MCO's ask for school reports to obtain more information for the pending process of diagnostic evaluation?**

No, school records are educational records which are covered under the Family Educational Rights and Privacy Act of 1974. Furthermore, school records for educational placement are not the same as a medical diagnostic evaluation.

**Can parent training occur remotely?**

The parent/caretaker can occur as synchronous telehealth delivery by the LBA if clinically appropriate and chosen by the parent/caretaker. LaBA cannot render telehealth (Code 97156).

**Can ABA services be delivered in a school setting?**

ABA treatment addressing academic goals and/or services in the school that provide a shadow or aide to the child would not be covered.

**After the initial 90-day certification, can providers then submit for another 90-day recertification?**

Yes, subsequent requests after initial total 90-day auth may be approved for another 90-day certification. Subsequent recertification may be for 180 days. See section 2.3.7.7 *Documentation Required for Recertification for Treatment with ABA* in the Autism Services Policy.

**Can frequency be changed before the reevaluation if deemed necessary by providers?**

Providers should contact MCO directly to determine how to request a change in authorization or provider can submit a revision to the existing authorization. Service intensity increases and/or addendums submitted, in the middle of a current authorization period, should include a clinical rationale and supporting data for increase, goals

to be worked on with additional time, and measurable criteria to fade back to previous service intensity for this time limited increase.

### What happens if a child/youth with ASD turns 21 and is no longer eligible for services?

The Medicaid autism services policy applies to those 20 years old and younger. Adults with disability may be eligible for acute care, behavioral health services, and long-term services and support through Medicaid. Some may receive home and community-based services through waiver programs or other combinations of models.

### What are the billing codes for ABA therapy?

| Procedure Code | Description                                | Specialty   | Required Billing Modifier | Limitations   |
|----------------|--|---|---------------------------|---|
| 97151          | ABA initial evaluation                     | Licensed Behavior Analyst (LBA)   | HO Only                   | Limited to 6 hours (24 units)   |
| 97151          | ABA re-evaluations                         | Licensed Behavior Analyst (LBA)   | HO Only                   | Limited to 6 hours (24 units)   |
| 97153          | ABA individual treatment                   | Licensed Behavior Analyst (LBA)   | No Modifier               | Direct treatment for the child/youth is limited to total of 8 hours per day |
| 97154          | ABA group treatment                        | Licensed Behavior Analyst (LBA)   | No Modifier               | Direct treatment for the child/youth is limited to total of 8 hours per day |
| 97155          | ABA individual treatment                   | Licensed Behavior Analyst (LBA)<br>Licensed assistant Behavior Analyst (LaBA) | HO or HN                  | Direct treatment for the child/youth is limited to total of 8 hours per day |
| 97156          | ABA family training and education services | Licensed Behavior Analyst (LBA)<br>Licensed assistant Behavior Analyst (LaBA) | HO or HN                  | N/A   |
| 97158          | ABA group treatment                        | Licensed Behavior Analyst (LBA)<br>Licensed assistant Behavior Analyst (LaBA) | HO or HN                  | Direct treatment for the child/youth is limited to total of 8 hours per day |
| 99366          | Interdisciplinary team meeting             | Not Specified   | No Modifier               | Limited to diagnosis code F840-Autism                                       |

### Modifiers: Behavior Technician Level Services

| Modifier | Description                         |
|----------|-------------------------------------|
| HO       | Licensed Behavior Analyst           |
| HN       | Licensed assistant Behavior Analyst |
| HM       | Behavior Technician                 |

## Diagnosis Code

| Code | Description |
|------|-------------|
| F840 | Autism      |


## Procedure Codes that may be delivered remotely must bill with modifier 95

| Modifier        | Description                       |
|-----------------|-----------------------------------|
| 95 - Telehealth | 97151, 97155, 97156, 97158, 99366 |

If you have questions about ABA services, please contact Magellan Healthcare® at **1-800-424-0324**.

Sincerely,

Blue Cross and Blue Shield of Texas

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All behavioral health benefits are subject to the terms and conditions as listed in the member's benefit plan. Please note that checking eligibility and benefits, and/or the fact that a service or treatment has been prior authorized or predetermined for benefits is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.